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IRRITABLE BOWEL SYNDROME

Irritable bowel syndrome (IBS) is a common disorder, affecting an estimated 15% of the population. It is one of the several conditions known as functional gastrointestinal disorders. This means the bowel may function abnormally, but tests are normal and there are no detectable structural defects.

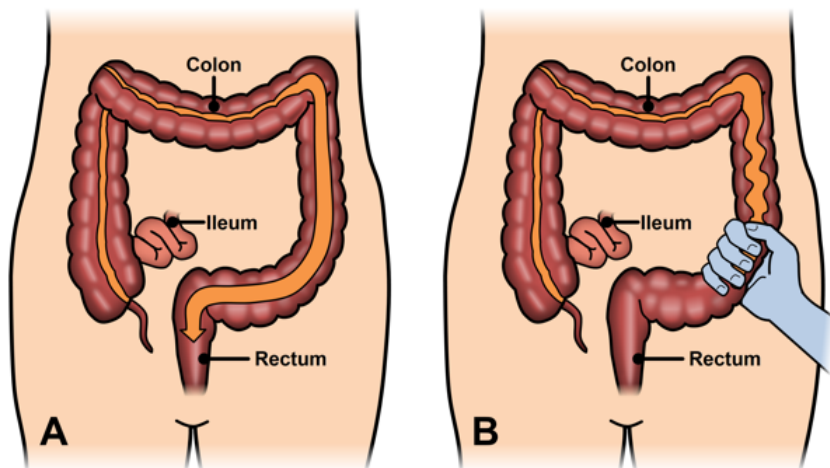
SYMPTOMS

Symptoms vary from person to person and can range from mild to severe. IBS is a long-term condition, so symptoms may come and go and change over time. Fever, low red blood cell levels, rectal bleeding, and unexplained weight loss are not signs of IBS and may indicate a serious medical problem.

IBS symptoms include:

- Abdominal pain
- Fullness
- Gas and bloating

- Change in bowel habits
- Alternating diarrhea or constipation or both



CAUSES

No clear answer exists as to what causes IBS. It is believed that the symptoms occur due to abnormal functioning or communication between the nervous system and bowel muscles. Abnormal regulation may result in increased bowel “irritation” or sensitivity. The muscles in the bowel wall may lose their coordination, contracting too much or too little at certain times. While there is no physical obstruction, a patient may feel like cramps are a functional blockage.

RISK FACTORS

All of the following have been identified as possible IBS risk factors:

- Gender: IBS is nearly twice as common in women as men
- Environmental factors
- Genetic factors
- Bacterial activity in the gut
- Bacterial overgrowth
- Food intolerance
- Altered ability of the bowel to move freely
- Oversensitive intestines
- Altered nervous system processing
- Altered hormonal regulation

THE ROLE OF STRESS

IBS is not caused by stress or anxiety and is not a mental health disorder. However, emotional stress may be a factor in the onset of IBS episodes. Many people experience worse IBS symptoms when they are nervous or anxious.

DIAGNOSIS

No single test can confirm the diagnosis of IBS. A careful history and physical examination by a colon and rectal surgeon or other physician is essential. This is done to rule out more serious conditions. The two following criteria are helpful in making a diagnosis:

- Symptoms (described above) occur at least three days a month for three months
- IBS discomfort improves after a bowel movement or passage of gas

TREATMENT

Stress and anxiety do not cause IBS, but may trigger episodes or make symptoms worse. Knowing that IBS is not a serious condition may ease a patient's anxiety or stress. The goal of treatment is to relieve symptoms. There may be some trial and error before an effective approach is found.

NON-MEDICAL TREATMENT

- Regular exercise
- Improved sleep habits
- Stress reduction
- Behavioral therapy
- Physical therapy
- Biofeedback
- Relaxation or pain management techniques
- Probiotics
- Dietary changes

THE ROLE OF DIET

Dietary fiber can play a positive or negative role in IBS. For some people, too much fiber can increase bloating and cause abdominal pain. For others, eating foods high in fiber can help ease chronic constipation. Using a diary for two or three weeks can help identify foods and activities that seem to trigger or worsen symptoms.

MEDICAL TREATMENT

No single medication works for everyone. People with moderate to severe IBS may benefit from prescribed medication. Anti-spasmodic medication may help control symptoms. Other patients improve when prescribed antidepressants in low doses.

POST-TREATMENT PROGNOSIS

Having IBS does not put you at risk for more serious problems. The condition does not cause cancer, bleeding, or inflammatory bowel diseases such as ulcerative colitis. However, if you experience rectal bleeding or unexplained weight loss, you should consult a colon and rectal surgeon as soon as possible.

Patience is the key when dealing with this condition. Achieving relief from IBS symptoms can be a slow process. It may take six months or longer for symptoms to improve. If nothing is done, symptoms may come and go. The condition may improve or get worse over time and continue to impact the quality of your life.

WHAT IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board-certified colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They are well-versed in the treatment of both benign and malignant diseases of the colon, rectum and anus and are able to perform routine screening examinations and surgically treat conditions if indicated to do so.

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